

LAC HANDBOOK

A Guide for Local Mental Health Advisory Councils in Minnesota

**State Advisory Council on Mental Health
And
Subcommittee on Children's Mental Health**

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Introduction

Visionary policies are embodied in the Comprehensive Mental Health Act of 1987 and the Children's Mental Health Act of 1989. The establishment of Local Mental Health advisory councils (LACs) at the county level was an important part of that vision. Mandated by this legislation was the provision that LAC membership include persons who had received mental health services as adults, persons who had received services as children, and their family members. The legislative authors understood the importance of giving a voice to those who knew firsthand the strengths and weaknesses of the mental health system. The legislation of 1987 and 1989 made it a matter of law: **consumer and family voices had to be heard.**

This *Handbook for LACs* has been created by LAC members throughout Minnesota. It is designed to assist LACs in carrying out the duties outlined in the legislation. Using the information provided in this handbook, LAC members can direct their energies toward activities that embody the spirit of that legislation, to help LACs develop policies and identify relationships that provide the foundation for doing effective work. This handbook is not meant to move beyond the LAC duties outlined in the Acts but to suggest policies and practices that may help your LAC perform those duties.

Neither is this handbook meant to be a "how to" resource. We acknowledge that LACs need training and technical assistance in many areas to become a dynamic force. In the handbook, we encourage development and use of such training but we have not attempted to provide specific directions. Our intent, rather, is to clarify those duties outlined in the Comprehensive Mental Health Acts and to suggest some "best practices" that were drawn from the experience of LACs around the state.

Though many LACs do very well at advising and evaluating at the local level, some LACs still struggle to define their purpose and how to function effectively. Still other LACs fight to have their presence legitimized. LACs want to be included in the planning of mental health services by county commissioners and to be regarded as a valuable resource by the entire community. We hope that this handbook will give LACs a better understanding of the spirit of the legislation that brought them into existence and that this understanding will strengthen and expand their vision.

The Act provided the blueprint that shaped the present mental health system. Now, innovative ways to deliver quality mental health care are being developed through adult mental health initiatives (pilot projects); family and children's services collaboratives, and self help projects. The part LACs can play in the development of these changes will be made clearer through the policies outlined in this Handbook.

This handbook was formulated by members of LACs throughout Minnesota, the State Advisory Council on Mental Health and Subcommittee on Children's Mental Health, and the staff and management of the Mental Health Division of the Department of Human Services.

I. **Mission: What is the Purpose of the Local Mental Health Advisory Council?**

The purpose of the LAC is to use the knowledge of a broad range of people to improve local mental health services, especially those who use mental health services. As well, participation is encouraged by their family members, those who provide services and those who are concerned about public policy. Minnesota statutes require counties to establish local mental health advisory councils or mental health subcommittees of other councils. The Act gives LACs a broad role in the review, evaluation and planning of local systems. The following responsibilities are stated in the statutes:

A. ***Statutory Duties of the Adult LAC***

(Note: Please refer to the statute for exact wording. The following duties are not direct quotes from the statute.)

Minnesota Statutes 245.466, Subdivision 5, lists the following duties for the adult LAC:

1. **Recommend.** Make recommendations regarding the services provided by the local mental health system.)¹. The LAC is to provide the county board with a report of unmet mental health needs of adults residing in the county at least annually. The County Board is to consider the advice of the advisory council in carrying out its responsibilities.
2. **Plan.** The LAC is to be involved in the development of the county and adult mental health initiative plans/applications by providing needs assessments.
3. **Coordinate.** Receive input about coordination of care between Regional Treatment Center (state mental health services) and community-based services, at least annually².
4. **Inform.** Identify for the County Board individuals and agencies to receive information on predictors and symptoms of mental disorders, where mental health services are available in the county, and how to access the services.
5. **Report.** The LAC is to report its recommendations regarding the local mental health system to the State Advisory Council on Mental Health.

B. ***Statutory Duties of the Children's LAC***

(Note: Please refer to the statute for exact wording. The following duties are not direct quotes from the statute.)

Minnesota Statutes 245.4875, Subdivision 5, lists the following duties for the children's LAC:

1. **Recommend:** Make recommendations regarding services provided by the local children's mental health system. The LAC is to provide the county board with a report of unmet mental health needs of children

residing in the county at least annually. The County Board is to consider the advice of the advisory council in carrying out its responsibilities.

2. **Plan:** The LAC is to be involved in development of mental health planning² for the county (or counties).
3. **Coordinate:** Receive input from local providers regarding coordination of care between services.
4. **Inform:** Identify for the County Board individuals and agencies to receive information on predictors and symptoms of emotional disturbances, where mental health services are available in the county, and how to access the services.
5. **Identify Needs:** Seek input from parents, former consumers, providers, and others about the needs of children with emotional disturbance in the local area and services needed by families of these children.
6. **Report.** The LAC is to report its recommendations regarding the local mental health system to the State Advisory Council on Mental Health.

C. Other Functions of the LAC

The State Advisory Council and Children's Subcommittee recommend that LACs adopt the following best practices:

1. **Policy Recommendation:** MS 245.4875 Subd. 5. requires the children's LAC to "review, evaluate and make recommendations regarding" The "local children's mental health service system." **"Local system of care" means services that are locally available to the child and the child's family. The services are mental health, social services, correctional services, education services, health services, and vocational services.**
2. **Best Practice:** The Adult and/or Children's LAC should consider it to be within the scope of its mission to review, evaluate and make recommendations regarding any element of the local system of care.
3. **Best Practice:** In addition to reporting to the county board, the LAC should communicate its positions to other policy makers and organizations which may have a significant effect upon the local mental health service system, including schools, public health, hospitals, corrections, law enforcement agencies, courts, state and federal legislators and private providers. The LAC should coordinate with the county when communicating these positions.
4. **Best Practice:** The LAC should actively develop and conduct public education activities on behalf of the county board.
5. **Best Practice:** When adult and children's LACs are not combined, at least one member of each the adult LAC should sit on the children's LAC and vice versa, and the two groups should plan to meet together periodically to address transition and other common issues. If they are

combined, adequate attention should be given to both adult and children's issues.

II. Membership on the Local Advisory Council

A. *Adult LAC:*

By statute, the adult LAC must include:

1. At least one consumer of mental health services,
2. At least one family member of an adult with mental illness,
3. One community support services representative,
4. One mental health professional, and
5. Persons representing a broad range of community interests.

B. *Children's LAC*

By statute, the children's LAC must include:

1. At least one person who was in a mental health program as a child or adolescent,
2. At least one parent of a child or adolescent with severe emotional disturbance,
3. One children's mental health professional,
4. Representatives of significant minority populations³ in the county,
5. A representative of the children's mental health Local Coordinating Council, and
6. One family community support services program representative.

C. *Additional Best Practices on Membership*

1. **Best Practice:** LACs should strive to achieve at least 51% consumer and family membership and should actively recruit these members.
2. **Best Practice:** LACs should identify significant minority populations in the county and actively recruit representatives from those communities.
3. **Best Practice:** To assure peer support and continuity of representation, children's LAC membership should include at least two parents, at least two consumers/former consumers of children's mental health services, and at least two representatives of each significant minority population in the area.
4. **Best Practice:** To assure peer support and continuity of representation, adult LAC membership should include at least two family members, at

least two consumers/former consumers of adult mental health services, and at least two representatives of each significant minority population in the area.

5. **Best Practice:** Procedures for recruiting and selecting LAC members should be in writing.

D. Combined LACs

1. **Statute:** Adult and Children's LACs may be combined.
2. **Statute:** Membership requirements for each LAC must be met in the combined LAC.
3. **Statute:** Multi-county LACs are permitted. A multi county LAC should include consumer and family representation from each county.

III. How should consumer and family participation be encouraged?

1. **Best Practice:** Adequate funds for LAC operations, including expense reimbursement and stipends (per diem) for individual members who cannot obtain expense reimbursement or compensation for their time should be provided. Consumer and family should be reimbursed for the costs of participating in the LAC, including child care and transportation. This will encourage and validate the participation of consumer, family and other public members. Expense reimbursement and per diem should be consistent with amounts paid for other county councils, committees and work groups.
2. **Best Practice:** Whenever possible, the chair or co-chairs of the LAC should be consumers or family members.
3. **Best Practice:** The LAC should provide orientation for all new members. Consumers of adult mental health services, family members of adult consumers, parents of children with severe emotional disturbance, and consumers or former consumers of children's mental health services should have opportunities to receive special training in leadership.

IV. How Should the LAC Be Organized and Conduct Meetings?

1. **Statute:** LACs must meet at least quarterly.
2. **Best practice:** In practice monthly meetings are usually required to accomplish the work plan. If monthly meetings are not possible, subgroups should be formed to work on projects between meetings.
3. **Best Practice:** The LAC should have an annual work plan that includes, at a minimum, the responsibilities stated in the Comprehensive Mental Health Act.

4. **Best Practice:** Each LAC meeting should have an agenda based on the annual work plan and current issues.
5. **Best Practice:** Use of parliamentary procedure (***Robert's Rules of Order***) is recommended when formal LAC action is needed.
6. **Best Practice:** County staff and providers who receive significant funding from county controlled sources should not hold office and should abstain from voting on major funding recommendations.
7. **Best Practice:** LAC meetings should be well publicized through print, electronic media, and postings in public places.
8. **Best Practice:** Meeting minutes should be prepared and distributed to LAC members, the State Advisory Council on Mental Health and interested parties.

V. Relationships with Other Organizations

A. *Relationship of The Children's LAC to the Children's Mental Health Local Coordinating Council (LCC)*

1. **Policy Recommendation:** The LAC and LCC should not be combined without a plan to address the difference between the mission of the LAC and that of the LCC. The primary job of the LAC is to **recommend** actions based on direct input from parents and consumers. The LAC is the "voice of the customer". The primary job of the LCC is to **implement** actions by coordinating among providers. The LCC is the "voice of the producer". These roles are often not compatible.
2. **Interpretation of Statute:** Where the LAC and LCC are combined, requirements for an LAC as stated in Minnesota Statutes 245.484 must be satisfied (representation of parents and consumers should be included).

B. *Relationship of the LAC to the Family Service Collaborative*

1. **Best Practice:** The LAC should define and lead the process of obtaining mental health services planning information from consumers/former consumers of children's mental health services and parents of children who meet the statutory criteria for severe emotional disturbance.
2. **Interpretation of Statute:** Where the LAC and family services collaborative are combined, requirements for an LAC as stated in Minnesota Statutes 245.484 must be satisfied.
3. **Policy Recommendation:** Funding for a family services collaborative/LAC should be contingent upon satisfaction of the requirements of a children's LAC.
4. **Policy Recommendation:** State technical assistance to a family services collaborative/children's LAC should be based on the specific

needs of the collaborative/LAC. Technical assistance should therefore be provided by the LAC Liaison, LCC Liaison, or other Department of Human Services or Department of Children, Families and Learning staff as appropriate.

C. *Relationship of the Adult LAC to the Adult Mental Health Initiative*

1. **Adult Mental Health Requirement:** Each initiative must include a needs assessment conducted by the LAC, including how the needs assessment was conducted.
2. **Best practice:** LACs should have a role in coordinating consumer and family input into adult mental health initiatives planning.
3. **Best Practice:** Each initiative should regularly report to the LAC.

VI. County Role

1. **Adult Mental Health Requirement:** Each county must include a needs assessment conducted by the LAC in its adult mental health plan/application, including how the needs assessment was conducted.
2. **Best Practice:** The County should give the LAC the authority to make operational decisions which affect its ability to accomplish its work, i.e. determination of meeting time and place, bylaws, method and manner of reporting and scope of issues to be addressed.
3. **Best Practice:** The County should use the LAC as a resource in the development of local plans, grant proposals, and mental health services funding.
4. **Best Practice:** The County should provide staff support to the LAC.

VII. State Role

1. **Policy Recommendation:** The Department of Human Services Adult Mental Health Division's review of LACs should include the needs assessments by the LAC. The Adult Mental Health Division should require identification and contact information of the LAC Chair(s) and frequency of meetings.
2. **Policy Recommendation:** The Department of Human Services Children's Mental Health Division's review of Local Mental Health Collaboratives should require evidence of a children's LAC, or a combined LAC with required children's membership, or an LAC incorporated into the LCC with required LAC membership. The Children's Mental Health Division should require identification and contact information of the Children's LAC Chair(s) and frequency of meetings.

3. **Policy Recommendation:** State review of local mental health system plans should include an assessment of how the LAC was appropriately involved in the planning process.
4. **Policy Recommendation:** The Department of Human Services should include LACs in distribution of requests for proposals and policy announcements.
5. **Policy Recommendation:** The state should seek to appropriate funds for LAC operations.
6. **Best Practice:** The State Advisory Council and Children's Subcommittee should assure that the work of LACs is included in their deliberations and recommendations on statewide policy issues.
7. **Best Practice:** The State Advisory Council and Children's Subcommittee should disseminate the following information to LACs:
 - a) Agendas, minutes, discussion materials and work products that communicate the activities and positions of the State Advisory Council on Mental Health and the Children's Subcommittee.
 - b) Policy bulletins, reports and background information that have general applicability to planning, review and evaluation of local mental health systems.
 - c) Other information at the direction of the State Advisory Council or Children's Subcommittee.

Legislation

1. **Adult LAC** (M.S. 245.466 Subd. 5.) Local advisory council. The county board, individually or in conjunction with other county boards, shall establish a local adult mental health advisory council or mental health subcommittee of an existing advisory council. The council's members must reflect a broad range of community interests. They must include at least one consumer, one family member of an adult with mental illness, one mental health professional, and one community support services program representative. The local adult mental health advisory council or mental health subcommittee of an existing advisory council shall meet at least quarterly to review, evaluate, and make recommendations regarding the local mental health system. Annually, the local adult mental health advisory council or mental health subcommittee of an existing advisory council shall: (1) arrange for input from the regional treatment center's mental illness program unit regarding coordination of care between the regional treatment center and community-based services; (2) identify for the county board the individuals, providers, agencies, and associations as specified in section 245.462, subdivision 10; (3) provide to the county board a report of unmet mental health needs of adults residing in the county to be included in the county's biennial mental health component of the community social services plan, and participate in developing the mental health component of the plan; and (4) coordinate its review, evaluation, and recommendations regarding the local mental health system with the state advisory council on mental health. The county board shall consider the advice of its local mental health advisory council or mental health subcommittee of an existing advisory council in carrying out its authorities and responsibilities.
2. **Children's LAC** (M.S. 245.4875 Subd. 5.) Local children's advisory council. (a) By October 1, 1989, the county board, individually or in conjunction with other county boards, shall establish a local children's mental health advisory council or children's mental health subcommittee of the existing local mental health advisory council or shall

include persons on its existing mental health advisory council who are representatives of children's mental health interests. The following individuals must serve on the local children's mental health advisory council, the children's mental health subcommittee of an existing local mental health advisory council, or be included on an existing mental health advisory council: (1) at least one person who was in a mental health program as a child or adolescent; (2) at least one parent of a child or adolescent with severe emotional disturbance; (3) one children's mental health professional; (4) representatives of minority populations of significant size residing in the county; (5) a representative of the children's mental health local coordinating council; and (6) one family community support services program representative.

b) The local children's mental health advisory council or children's mental health subcommittee of an existing advisory council shall seek input from parents, former consumers, providers, and others about the needs of children with emotional disturbance in the local area and services needed by families of these children, and shall meet monthly, unless otherwise determined by the council or subcommittee, but not less than quarterly, to review, evaluate, and make recommendations regarding the local children's mental health system. Annually, the local children's mental health advisory council or children's mental health subcommittee of the existing local mental health advisory council shall:

- (1) Arrange for input from the local system of care providers regarding coordination of care between the services;
- (2) Identify for the county board the individuals, providers, agencies, and associations as specified in section 245.4877, clause (2); and
- (3) provide to the county board a report of unmet mental health needs of children residing in the county to be included in the county's biennial children's mental health component of the community social services plan, and participate in developing the mental health component of the plan.

(c) The county board shall consider the advice of its local children's mental health advisory council or children's mental health subcommittee of the existing local mental health advisory council in carrying out its authorities and responsibilities.

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1. The statute requires the LAC to “provide to the county board a report of unmet mental health needs of adults residing in the county to be included in the county's biennial mental health component of the community social services plan, and **participate in developing the mental health component of the plan....**” (emphasis added) Prior to 2003, this referred to the Community Social Services Act (CSSA), which was repealed in 2003. CSSA was replaced in part by the Children and Community Services Act (CCSA), which also contains requires counties to plan. The Revisor of Statutes deleted the specific reference to CSSA (section 256E.09) but retained most of the original language. The State Advisory Council has not yet developed a best practice to clarify what “participate” means.
 2. Since this requirement was created, in 1987, the relationship between community mental health services and state services has changed significantly. In 1987, almost all state services were provided at regional treatment centers and coordination necessarily focused on admission and discharge procedures. Since then, use of inpatient treatment at RTCs has declined dramatically and a significant number state staff has been shifted to adult mental health initiatives which operate in community settings. Coordination of state and community services has become much more extensive.
 3. “Significant Minority Populations” is not defined in statute. The LAC may develop its own criteria for defining “significant minority population” or may use other criteria generally accepted in the county.